

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MP**  
**APPLICATION YEAR: 2009**

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[Secs. 504 (d) and 505(a)(3)(4)]

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<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MP**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 506,369	\$ 400,032	\$ 500,990	\$ 395,782	\$ 500,990	\$ 340,673
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 866,146	\$ 796,854	\$ 866,146	\$ 684,255	\$ 876,733	\$ 596,178
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 591,444	\$ 544,128	\$ 553,071	\$ 436,926	\$ 517,032	\$ 351,582
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,963,959	\$ 1,741,014	\$ 1,920,207	\$ 1,516,963	\$ 1,894,755	\$ 1,288,433
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 2,663,446	\$ 2,450,370	\$ 2,592,326	\$ 2,047,938	\$ 3,003,194	\$ 2,042,172
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 4,627,405	\$ 4,191,384	\$ 4,512,533	\$ 3,564,901	\$ 4,897,949	\$ 3,330,605
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MP**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 498,075	\$ 394,261	\$ 477,461	\$ 0	\$ 477,461	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 871,631	\$ 871,631	\$ 835,557	\$ 0	\$ 448,253	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 542,052	\$ 542,052	\$ 418,968	\$ 0	\$ 316,175	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 0	\$ 1,241,889	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 4,807,170	\$ 4,807,170	\$ 3,767,998	\$ 0	\$ 4,775,433	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 6,718,928	\$ 6,615,114	\$ 5,499,984	\$ 0	\$ 6,017,322	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This year's (2009) reporting required of us to fill and finalize the FY2007 expenditure (budget period 10/01/05 through 09/30/07). 78% was expended due position vacancies - Nutritionist and Dental Assistant.
2. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
3. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
4. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount.
5. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 98,197	\$ 87,052	\$ 345,637	\$ 320,371	\$ 378,951	\$ 257,687
b. Infants < 1 year old	\$ 78,562	\$ 69,645	\$ 288,031	\$ 266,976	\$ 208,423	\$ 141,727
c. Children 1 to 22 years old	\$ 589,187	\$ 522,314	\$ 288,032	\$ 266,977	\$ 360,003	\$ 244,802
d. Children with Special Healthcare Needs	\$ 648,106	\$ 574,546	\$ 672,072	\$ 622,944	\$ 625,269	\$ 425,183
e. Others	\$ 353,512	\$ 313,353	\$ 134,414	\$ 124,678	\$ 132,633	\$ 90,190
f. Administration	\$ 196,395	\$ 174,104	\$ 192,021	\$ 177,984	\$ 189,476	\$ 128,844
g. SUBTOTAL	\$ 1,963,959	\$ 1,741,014	\$ 1,920,207	\$ 1,779,930	\$ 1,894,755	\$ 1,288,433
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 90,300		\$ 90,300		\$ 90,300	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 15,000		\$ 15,000		\$ 15,000	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 337,191		\$ 290,577		\$ 236,507	
i. CDC	\$ 1,493,737		\$ 1,684,050		\$ 1,942,577	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Region IX-FP; HRSA	\$ 0		\$ 0		\$ 170,124	
SAMHSA	\$ 0		\$ 346,274		\$ 548,686	
Region IX-FP; HRSA	\$ 0		\$ 166,125		\$ 0	
FP,SAMSHA,HRSA	\$ 727,218		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 2,663,446		\$ 2,592,326		\$ 3,003,194	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 382,352	\$ 361,589	\$ 17,642	\$ 0	\$ 61,405	\$ 0
b. Infants < 1 year old	\$ 210,293	\$ 198,874	\$ 17,641	\$ 0	\$ 61,405	\$ 0
c. Children 1 to 22 years old	\$ 363,234	\$ 343,509	\$ 157,825	\$ 0	\$ 153,480	\$ 0
d. Children with Special Healthcare Needs	\$ 649,998	\$ 614,701	\$ 146,117	\$ 0	\$ 158,765	\$ 0
e. Others	\$ 114,705	\$ 108,476	\$ 1,350,355	\$ 0	\$ 764,428	\$ 0
f. Administration	\$ 191,176	\$ 180,795	\$ 42,406	\$ 0	\$ 42,406	\$ 0
g. SUBTOTAL	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 0	\$ 1,241,889	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 118,998		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 1,118,409		\$ 0		\$ 1,344,745	
h. AIDS	\$ 310,570		\$ 351,769		\$ 345,366	
i. CDC	\$ 2,541,009		\$ 2,498,317		\$ 2,816,096	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
OPA Title X FP	\$ 0		\$ 174,582		\$ 174,582	
SAMHSA/HRSA	\$ 0		\$ 648,686		\$ 0	
Region IX - FP	\$ 169,498		\$ 0		\$ 0	
SAMHSA	\$ 548,686		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 4,807,170		\$ 3,767,998		\$ 4,775,433	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MP**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,472,969	\$ 1,305,787	\$ 1,440,155	\$ 1,137,722	\$ 1,421,066	\$ 966,325
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 117,838	\$ 104,463	\$ 115,212	\$ 91,018	\$ 113,685	\$ 77,306
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 255,315	\$ 226,337	\$ 249,627	\$ 197,205	\$ 246,318	\$ 167,496
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 117,837	\$ 104,427	\$ 115,213	\$ 91,018	\$ 113,686	\$ 77,306
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,963,959	\$ 1,741,014	\$ 1,920,207	\$ 1,516,963	\$ 1,894,755	\$ 1,288,433

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MP**

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,433,819	\$ 1,355,958	\$ 1,298,990	\$ 0	\$ 931,417	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 114,705	\$ 108,477	\$ 103,919	\$ 0	\$ 74,513	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 248,529	\$ 235,033	\$ 225,158	\$ 0	\$ 161,446	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 114,705	\$ 108,476	\$ 103,919	\$ 0	\$ 74,513	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 0	\$ 1,241,889	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
2. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
3. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.
4. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Total expenditure of 69.2% from the budgeted amount. This is an actual reporting from the final Financial Status Report.

<b>FORM 6</b>						
<b>NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED</b>						
<small>Sect. 506(a)(2)(B)(iii)</small>						
<b>STATE: MP</b>						
Total Births by Occurrence: <u>1,385</u>				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>1,095</u>	<u>79.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Congenital Hypothyroidism	<u>1,095</u>	<u>79.1</u>	<u>3</u>	<u>0</u>	<u>0</u>	
Galactosemia	<u>1,095</u>	<u>79.1</u>	<u>3</u>	<u>0</u>	<u>0</u>	
Sickle Cell Disease	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	<u>1,095</u>	<u>79.1</u>	<u>1</u>	<u>0</u>	<u>0</u>	
Hemoglobinopathies	<u>1,095</u>	<u>79.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Congenital Adrenal Hyperplasia (CAH)	<u>1,095</u>	<u>79.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Newborn Hearing Screening	<u>1,383</u>	<u>99.9</u>	<u>49</u>	<u>3</u>	<u>3</u>	<u>100</u>
Amino Acids	<u>1,095</u>	<u>79.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Acylcarnitine	<u>1,095</u>	<u>79.1</u>	<u>2</u>	<u>0</u>	<u>0</u>	
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
Mammography	<u>558</u>		<u>0</u>	<u>0</u>	<u>0</u>	
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** SickCellDisease\_OneScreenNo  
**Row Name:** SickCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2009  
**Field Note:**  
No screening for sickle cell disease
2. **Section Number:** Main  
**Field Name:** SickCellDisease\_Presumptive  
**Row Name:** SickCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2009  
**Field Note:**  
No screening for sickle cell disease
3. **Section Number:** Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2009  
**Field Note:**  
No presumptive, no confirmed cases
4. **Section Number:** Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2009  
**Field Note:**  
No screening for sickle cell disease, thus no confirmed cases

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MP**

**Reporting Year: 2007**

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,596	30.0	33.5	19.1	17.5	0.0
Infants < 1 year old	3,202	30.5	42.0	5.4	22.1	0.0
Children 1 to 22 years old	17,940	38.1	43.6	5.8	12.5	0.0
Children with Special Healthcare Needs	219	40.2	36.1	11.4	12.3	0.0
Others	32,948	31.4	37.2	16.1	15.2	0.0
<b>TOTAL</b>	<b>55,905</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
Total infants aged less than 1 year served in 2007. These include infants that were not born here in the CNMI but moved here last year.
2. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
These are all women aged 23 to 65 years old.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MP**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,404	19	0	1	840	542	2	0
Title V Served	1,404	19	0	1	840	542	2	0
Eligible for Title XIX	1,404	19	0	1	840	542	2	0
<b>INFANTS</b>								
Total Infants in State	2,226	24	0	10	1,238	953	0	1
Title V Served	2,226	24	0	10	1,238	953	0	1
Eligible for Title XIX	976	3	0	4	341	628	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,384	1	0	0	0	0	1	0
Title V Served	1,384	1	0	0	0	0	1	0
Eligible for Title XIX	1,384	1	0	0	0	0	1	0
<b>INFANTS</b>								
Total Infants in State	2,216	10	1	0	0	0	0	10
Title V Served	2,216	10	1	0	0	0	0	10
Eligible for Title XIX	972	4	0	0	0	0	0	4

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Indian  
**Row Name:** Total Deliveries in State  
**Column Name:** American Indian or Native American  
**Year:** 2009  
**Field Note:**  
1 Peruvian
2. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Indian  
**Row Name:** Title V Served  
**Column Name:** American Indian or Native American  
**Year:** 2009  
**Field Note:**  
1 Peruvian
3. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Indian  
**Row Name:** Eligible for Title XIX  
**Column Name:** American Indian or Native American  
**Year:** 2009  
**Field Note:**  
4 American Indian
4. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Total number of all infants aged less than 1 year visited in 2007 at CHC
5. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Indian  
**Row Name:** Total Infants in State  
**Column Name:** American Indian or Native American  
**Year:** 2009  
**Field Note:**  
9 American Indian; 1 Spanish
6. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_RaceOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2009  
**Field Note:**  
1 unkown
7. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_RaceOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2009  
**Field Note:**  
1 unknown; 1 spanish
8. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Indian  
**Row Name:** Eligible for Title XIX  
**Column Name:** American Indian or Native American  
**Year:** 2009  
**Field Note:**  
4 American Indian
9. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_CentralAmerican  
**Row Name:** Total Deliveries in State  
**Column Name:** Central and South American  
**Year:** 2009  
**Field Note:**  
1 Peruvian
10. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_CentralAmerican  
**Row Name:** Title V Served  
**Column Name:** Central and South American  
**Year:** 2009  
**Field Note:**  
1 Peruvian
11. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2009  
**Field Note:**  
1 Spanish; 9 American Indian
12. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_EthnicityOther  
**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown  
**Year:** 2009  
**Field Note:**  
4 American Indian

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MP**

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>(670) 664-4850/51/66/67</u>	<u>(670) 236-8374/75</u>
2. State MCH Toll-Free "Hotline" Name	Southern Community Wellness Center	Southern Community Wellness Center	Southern and Northern Community Wellness Center.	Division of Public Health, Maternal and Child Health	Division of Public Health
3. Name of Contact Person for State MCH "Hotline"	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>	<u>Margarita Torres Aldan</u>	<u>Margarita Torres Aldan</u>
4. Contact Person's Telephone Number	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>(670) 664-4850</u>	<u>(670) 236-8714</u>	<u>(670) 236-8714</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>148</u>	<u>210</u>	<u>188</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MP**

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u>670-236-8733</u>	<u>670 664-4867/236-8734</u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name		Immunization Information	Northern Community Wellness Center Immunization Program		
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u>Mariana Sablan</u>	<u>Margarita Torres Aldan</u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u>670-236-8703</u>	<u>670-236-8714</u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** hnumber\_2  
**Row Name:** State MCH toll-free hotline telephone number  
**Column Name:** FY  
**Year:** 2009  
**Field Note:**  
Telephone calls between Rota, Tinian, and Saipan are local thus no charges. We do receive calls in Saipan regarding services from Tinian and Rota.
2. **Section Number:** Main  
**Field Name:** hnumber\_2  
**Row Name:** State MCH toll-free hotline telephone number  
**Column Name:** FY  
**Year:** 2007  
**Field Note:**  
These telephone lines are located at the Northern and Southern Wellness Centers where MCH services are provided.
3. **Section Number:** Main  
**Field Name:** hname\_2  
**Row Name:** State MCH toll-free hotline name  
**Column Name:** FY  
**Year:** 2009  
**Field Note:**  
Majority of telephone calls from Rota and Tinian in regards to services or requesting for materials are from physicians and nurses from the respective health centers..
4. **Section Number:** Main  
**Field Name:** calls\_2  
**Row Name:** Number of calls received On the State MCH Hotline This reporting period  
**Column Name:** FY  
**Year:** 2007  
**Field Note:**  
Numbers are lower due to austerity holidays implemented by the Governor which reduced work hours from 80 hours to 72 hours last year. All government offices are closed every other Friday for what is called an "austerity holiday".  
  
Most of the calls are for information on prenatal care including fees, referrals for services such as BCSP, WIC Program, Alien Health Screening, and immunization/shots.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2009**  
[SEC. 506(A)(1)]  
**STATE: MP**

1. State MCH Administration:  
(max 2500 characters)

The CNMI's State MCH Program, including Children with Special Health Care Needs, is administered through the Division of Public Health, Department of Public Health. A Deputy Secretary oversees the Division. The MCH Program work with all programs at the Division and collaborate and partner with other agencies, both private and governmental, to assist in its work to emphasize lifestyle behavioral changes especially with health care practices, diet, and physical fitness and to ensure access and continuity of care. Maternal and child health services are provided at the following: • Southern Community Wellness Center located in the village of San Antonio; • Women's and Children's Clinic located in the village of Garapan at the Commonwealth Health Center; • Children's Developmental Assistance Center located in the village of Garapan; Adolescent Health Center; and • Rota and Tinian Health Center. Services are provided in collaboration with other agencies, both private and governmental. For example, through a memorandum of agreement, immunization services are provided at five private health clinics on the island of Saipan.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 477,461
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 448,253
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 316,175
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 1,241,889</b>

9. Most significant providers receiving MCH funds:

Southern Community Wellness Center
Adolescent Health Center
Children's Developmental Assistance Center
Rota and Tinian Health Centers

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,596
b. Infants < 1 year old	3,202
c. Children 1 to 22 years old	17,940
d. CSHCN	219
e. Others	32,948

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Wise Women Village Project: works with faith-based community and other community partners to provide free well women preventive health screenings to indigenous women aged 25-65 in the villages. The project's goal is to promote a healthy quality of life for women in the CNMI through organized preventive health care services which focus on the inherent risks and benefits of being female. We continue collaboration at the Adolescent Health Center with other programs and the Public School System.

b. Population-Based Services:  
(max 2500 characters)

HPV School Campaign: Provide vaccinations to students with signed consent forms at the all high schools. Head Start Dental Program: Provision of services include oral health outreach activities including education and counseling, fluoride varnish application, complete oral examination, dental fee assessment, caries control, follow up dental treatments, and home visits. Continue collaboration with private clinics to provide immunization services referrals for EIS; Public School System for hearing screening and EIS and adolescent services/activities; The Early Hearing Detection and Intervention surveillance system ensures tracking of this infants. The system is linked to birth certificates. We are working with WIC and Immunization Programs to assist in tracking infant that need to be re screen.

c. Infrastructure Building Services:  
(max 2500 characters)

VPN connections are established at all peripheral sites in Saipan, Tinian, and Rota which allows them the ability to access the hospital's medical record system. The Immunization Registry (WebIZ) has been installed – presently we are extracting data from RPMS to populate its fields. We are working with the vendors to link immunization records with birth records. There has been discussion with the software developer of the EHDI data system to link with CSHCN system which is currently an Excel file. The CHC has progressed in their upgrade of RPMS. The RPMS consultant will be moving the old database to cache schedule on the latter part of July. Modules from Vista will be incorporated with Cache. We continue with training to build local manpower capacity. PH Staff are required to be NIMS (National Incidence Management System) certified per emergency preparedness plan. The PRAMS-like survey is currently being conducted and we will also conduct the CSHCN survey.

12. The primary Title V Program contact person:

Name	Margarita Torres Aldan
Title	MCH Program Coordinator
Address	P.O. Box 500409
City	Saipan

13. The children with special health care needs (CSHCN) contact person:

Name	Shiella Perez
Title	CSHCN Coordinator
Address	P.O. Box 500409
City	Saipan

State	MP
Zip	96950-0409
Phone	670-236-8703
Fax	670-236-8700
Email	mtaldan@gmail.com
Web	

State	MP
Zip	96950-0409
Phone	670-664-4830
Fax	670-236-8700
Email	shiellap@yahoo.com
Web	

## FORM NOTES FOR FORM 10

None

### FIELD LEVEL NOTES

1. **Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** DMCES  
**Row Name:** Direct Medical Care and Enabling Services  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
We completed year 1 including Rota and Tinian. We started year 2 on July 12.
2. **Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** PBS  
**Row Name:** Population-Based Services  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The school campaign was successful. We are still putting data together for all 3 shots.
3. **Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** IBS  
**Row Name:** Infrastructure building services  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
We are waiting for approval to recruit new program for the SSDI grant because of the unexpected death of the SSDI Program Director who was also the Systems Administrator for the Division of Public Health..

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MP**

**Form Level Notes for Form 11**

Other nutrition activities for children include cooking shows, mother-daughter and father-son cooking contests, and children's recipes for healthy snacks.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	75	80	82	96.5	97
Annual Indicator	93.0	87.0	96.1	91.6	98.1
Numerator	1,259	1,177	1,280	1,303	1,358
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	98.5	98.5	98.5	98.5	98.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1,358 newborn Hearing Screening in 2007

**2. Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Metabolic screened 1303.

**3. Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

1280 metabolic screened

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective			87	87	87
Annual Indicator	87.0	87.0	87.0	87.0	87.0
Numerator	147	147	147	147	147
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	88	88	88	88	88.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective			68	69	69
Annual Indicator	68.0	68.0	68.0	68.0	68.0
Numerator	115	115	115	115	115
Denominator	169	169	169	169	169

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	69	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective			68	69	69
Annual Indicator	68.6	68.6	68.6	68.6	68.6
Numerator	116	116	116	116	116
Denominator	169	169	169	169	169

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	70	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective			44	45	45
Annual Indicator	43.2	43.2	43.2	43.2	43.2
Numerator	73	73	73	73	73
Denominator	169	169	169	169	169

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	46	46	46	46	46.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective			6	6	7
Annual Indicator	5.9	5.9	5.9	5.9	5.9
Numerator	10	10	10	10	10
Denominator	169	169	169	169	169

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	7	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	90	90	90	75	75
Annual Indicator	74.5	67.8	66.9	72.3	76.9
Numerator	1,252	1,167	852	1,273	1,109
Denominator	1,681	1,720	1,274	1,761	1,442

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	88	88.5	88.5	88.5	89
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1,335 19-35 month old received full immunization schedule

**2. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

1273 19 to 35 months olds received full schedule of age appropriate immunization.

**3. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

852 had complete immunization

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	33	30	28	31	30
Annual Indicator	43.2	35.4	31.3	27.3	26.8
Numerator	49	41	37	33	33
Denominator	1,135	1,159	1,184	1,208	1,233

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	26.5	26.5	26.5	26.5	26.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

33 births for mothers 15-19 years old in 2007

**2. Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

33 teenagers aged 15-17 years for 2006.

**3. Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

37 teen deliveries in 2005.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	82.5	82	81.5	60	60
Annual Indicator	54.1	56.9	58.8	65.0	65.9
Numerator	1,816	1,564	1,582	1,650	1,907
Denominator	3,358	2,748	2,690	2,537	2,892

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	66	67	68	68.5	69
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,907 1st, 5th, and 6th graders received protective sealant in 2007; 2,892 1st, 5th, and 6th grade enrollees.

**2. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

1st, 5th, &amp; 6th graders received sealants for 2006.

**3. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

1st, 5th, &amp; 6th graders received sealants.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	20.5	20	20	6	6
Annual Indicator	6.3	0.0	12.5	12.5	0.0
Numerator	1	0	2	2	0
Denominator	15,854	15,699	15,978	15,973	15,966

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average number for the last 3 years is 2, fewer than 5, therefore a 3 year moving average cannot be applied.

2. **Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

denominator for 2003 to 2005 were changed based on new population estimate from census bureau.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				80	80
Annual Indicator				47.8	35.0
Numerator				680	485
Denominator				1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	80	80	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data provided by WIC, incomplete 2007.

2. **Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

WIC data not available yet. These figures are estimated from the birth registration. However, data from WIC will be collected for this performance measure.

3. **Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data will be collected through the 6 months well baby check for mothers who breastfeed their infants at 6 months.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	96.4	100.0	99.3	99.4	97.7
Numerator	1,305	1,353	1,323	1,414	1,353
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,383 newborns screened before discharge in 2007

**2. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Angie will provide data. 6/23 iro

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	14.9	13.9	12.9	44	44
Annual Indicator	25.3	15.6	44.6	48.7	45.7
Numerator	4,935	3,138	9,211	10,335	9,961
Denominator	19,481	20,064	20,647	21,230	21,813

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	43	43	40.9	41	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

9,961 children 17 years and under without health insurance in 2007

**2. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data derived from RPMS. Total number of non-insured children Less than 18 yrs were 10,335 for 2006. Will meet with Medical Records staff to explain variables of insurance coverage in the RPMS system.

**3. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

children with health insurance data derived from RPMS system. Self pay refers to those who don't have health insurance coverage.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator				0.0	0.0
Numerator				1	1
Denominator				5,059	5,220

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Estimated population 2-5 years in 2008. Data not readily available during this report

**2. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Number of children 2-5 years for 2006 is 5,059. WIC is not in operation yet.

**3. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

WIC is not in operation yet. Performance measure will be collected through the WIC clinic.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				1	1
Annual Indicator			100.0	100.0	100.0
Numerator			1	1	1
Denominator			1	1	1

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	60	55	50	50	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on women smoked in the 3 months of pregnancy is not available at the time of reporting

- 2.
- Section Number:**
- Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Surveillance on women smoked in the 3 months has not being implemented in the Women's Clinic, hence annual performance objective cannot be determined yet.

- 3.
- Section Number:**
- Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

Surveillance on women who smoke in the last 3 months has not being implemented in the Women's Clinic. Hence, annual performance objective cannot be determined at this time.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	53	50.5	50.5	5	5
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	4,294	4,411	4,528	4,645	4,762

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

No case of suicide for 15-19 years teens in 2007

**2. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

No cases of deaths 15-19 yrs for 2006. Average 3 yrs, zero.

**3. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

No suicide deaths in 2005 age 15-19 yrs.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

**2. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

CNMI is excluded from this PM.

**3. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

CNMI is excluded from this PM.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	29	30.2	31.4	28	29
Annual Indicator	26.1	26.2	28.2	22.9	29.1
Numerator	354	354	375	326	403
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	29.9	30	30.9	31	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Derived from Birth certificates. 403 first visit in the 1st trimester 2007.

**2. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Based on the live birth registration data, only 326 women received prenatal care beginning in the 1st trimester in 2006.

**3. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

375 mothers had prenatal care in the 1st trimester, birth certificates

**STATE PERFORMANCE MEASURE # 1**

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				52.5	50
Annual Indicator		55.0	55.4	57.8	78.8
Numerator		744	738	822	1,091
Denominator		1,353	1,332	1,422	1,385
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	75	70	65	60	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Total intended pregnancies in 2007 is 294, unintended 1091

**2. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

822 women 15-44 yrs had unplanned pregnancies for 2006. Data derived from the Women's Clinic logbook.

**3. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

No surveillance yet for unplanned pregnancies at the Women's Clinic.

**STATE PERFORMANCE MEASURE # 2**

Percent of women who have ever received a pap smear.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				7.9	7.9
Annual Indicator		7.4	7.9	6.8	6.8
Numerator		2,550	2,808	2,512	2,623
Denominator		34,239	35,634	37,028	38,422
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	7.9	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Preliminary data.

2. **Section Number:** State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 2,512 women received pap smear in 2006. Data derived from Lab, Becky. Vital stats will set a collection system to keep track of all lab tests and newborn screenings.

3. **Section Number:** State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2005**Field Note:**

Number of women 18 yrs and over.

**STATE PERFORMANCE MEASURE # 3**

Percent of women who have ever received a mammogram.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				12.8	12.8
Annual Indicator		14.2	12.8	13.1	6.5
Numerator		1,084	1,014	1,087	558
Denominator		7,615	7,949	8,283	8,617
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	12	12	12	12.5	12.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

The decrease in mammography was due to lack of Radiologist in 2007.

**2. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 1,087 women received mammogram in 2006. Data derived from radiology unit, Mina.

**3. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

Number of women 40 yrs and over in the CNMI.

**STATE PERFORMANCE MEASURE # 4**

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				132	132
Annual Indicator			132.9	17.6	30.3
Numerator			177	25	42
Denominator			1,332	1,422	1,385
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

42 under 1 year old C DAC services in 2007

**2. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

C DAC database. 99 were referrals and 25 received early intervention services.

**3. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

177 children less than 1 yr received early intervention services

**STATE PERFORMANCE MEASURE # 5**

The rate of chlamydia for adolescents aged 13-19 years.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				7	7
Annual Indicator	7.5	8.4	9.3	3.4	4.5
Numerator	45	52	59	22	30
Denominator	6,027	6,191	6,355	6,519	6,683
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

15-19 year old with chlamydia in 2007. 13-19 is pending.

**2. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Adolescents aged 13-19 yrs positive for chlamydia were 22 in 2006.

**3. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

Number of teens aged 13-19 years

**STATE PERFORMANCE MEASURE # 6**

The degree to which State provides nutrition education information to children aged 6 through 11 years.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	59	65	71.5	50	50
Annual Indicator	70.5	16.1	20.3	18.2	15.1
Numerator	2,106	140	468	800	525
Denominator	2,986	872	2,310	4,400	3,485
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	52.5	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Preliminary figure for nutrition education 6-11 yr old.

2. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 data is estimated only. Actual numbers pending Nutritionist.

3. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Nutrition and physical fitness activities were conducted to 4 of the elementary schools. Also, the Public Health Dietician was recruited in March of 2006.

**STATE PERFORMANCE MEASURE # 7**

The percent of pregnant women that are screened for chlamydia.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	94	96	98	99	100
Annual Indicator	84.0	100.0	96.2	124.5	102.9
Numerator	1,138	1,353	1,281	1,770	1,425
Denominator	1,354	1,353	1,332	1,422	1,385
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional figure for pregnant women screened for chlamydia in 2007

**2. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

1770 women were screened for chlamydia in 2006. 1422 pregnant women delivered in 2006.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: MP**

**Form Level Notes for Form 12**

A chart review was conducted but medical records can only provide us with 9 of the charts. 6 were in their 40's (4 were 45 and above), 2 had diabetes and were not taking medication and 3 had hypertension and are not compliant with medications. 2 had no insurance and all 9 had prenatal in their second or third trimester. A prenatal awareness campaign is ongoing which also focuses on being diabetic and pregnant, etc.

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	7.2	6.9	6.7	6.5	6.5
Annual Indicator	5.2	8.9	3.8	6.3	4.3
Numerator	7	12	5	9	6
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	6	6	5	5	4.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

9 infant death; 1,385 live birth

**2. Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

9 infant deaths in 2006.

**3. Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

5 infant deaths in 2005.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Zero to report and 3 yrs average is zero.
- Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Zero to report and 3 yrs average is zero.
- Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 CNMI is excluded from reporting this outcome

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	5.7	5.3	4.9	4.5	4
Annual Indicator	3.7	4.4	3.0	4.2	2.9
Numerator	5	6	4	6	4
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	4	4	4	3.5	2.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

2 early neonatal + 2 late neonatal = 4

**2. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

6 neonatal death for 2006.

**3. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

4 neonatal death in 2005

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1.3	1.1	1	1	1
Annual Indicator	1.5	4.4	0.8	2.1	1.4
Numerator	2	6	1	3	2
Denominator	1,354	1,353	1,332	1,422	1,385

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2 postneonatal mortality

**2. Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average 3 years fewer than 5 events, therefore 3 year moving average cannot be applied.

**3. Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

2003-2005 postneonatal deaths averaged 3, less than 5.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	3.5	3.5	3	3	3
Annual Indicator	5.2	11.1	9.0	8.4	11.4
Numerator	7	15	12	12	16
Denominator	1,354	1,353	1,340	1,430	1,404

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	11	11	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

14 late fetal death + 2 early neonatal = 16 perinatal; denominator live birth + late fetal death

**2. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 12 Perinatal deaths in 2006.

**3. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

4 late fetal and 8 early neonatal deaths

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	28.1	26.5	24.9	24.7	24.7
Annual Indicator	31.8	24.7	41.9	5.8	5.7
Numerator	5	4	7	1	1
Denominator	15,732	16,212	16,693	17,173	17,653

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Final Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	24	24	24	23.5	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Only 1 death children aged 1-14 years in 2007

**2. Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Moving 3 year average less than 5 events therefore, cannot apply.

**STATE OUTCOME MEASURE # 1**

The fetal death rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator	6.6	11.8	9.8	10.5	13.7
Numerator	9	16	13	15	19
Denominator	1,354	1,353	1,332	1,422	1,385
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** State Outcome Measure 1  
**Field Name:** SO1  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 19 fetal death in 2007; denominator is number of live birth
- Section Number:** State Outcome Measure 1  
**Field Name:** SO1  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 15 fetal death in 2006.
- Section Number:** State Outcome Measure 1  
**Field Name:** SO1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 1332 live birth and 13 fetal death

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MP**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 13

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Family members, mostly parents, do participate on advisory committees. The parents of children enrolled in the early intervention services program participate in the Parent Forum and assists with agenda or topic and calling of parents.
2. **Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Although, we do not pay for childcare services, we make available staff volunteers or work with other agencies, to provide childcare at the meeting site or conference site. We also do bring parents to off-island conferences. We currently have 2 parents that are attending a family Support conference.
3. **Section Number:** Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
We are currently conducting the CSHCN survey. We also conducted a parent survey for EIS program. We provide incentives such as gas coupons to participants. The CSHCN Coordinator has improved our work with parents/families of CSHCN.
4. **Section Number:** Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
When we had a training on case management for CSHCN, we worked with families in developing IFSPs or IEPs. The trainer for deaf and hard of hearing children worked with parents and staff through home visits and also the sign language class.
5. **Section Number:** Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The CSHCN Coordinator is the legal guardian of a child with special needs.
6. **Section Number:** Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
I believe that parents/families are comfortable participating with projects or activities is that we do have staff that can speak Tagalog, Carolinian, Chamorro, Palau, etc. We also do work with other agencies to provide interpreters.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: MP FY: 2009**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To decrease the number of unplanned pregnancies.
2. To increase the proportion of women aged 18 years and older who have ever received a pap smear.
3. To increase the proportion of women aged 40 years and older who have ever received a mammogram.
4. To increase the percentage of eligible infants with disabilities under the age of 1 that is receiving early intervention services.
5. To decrease the rate of chlamydia for teenagers aged 13-19 years.
6. To increase nutrition education activities to children aged 6 through 11 years old.
7. To increase the percent of pregnant women who are screened for chlamydia.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MP

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Analysis of PRAMS-like survey	We want to make sure that we have quality report for we have plans to apply to CDC for funding to continue doing the survey every 2 years or so	Will discuss with Cassie
2.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Assessment of data capacity for the Department of Public Health	Lack of manpower to fully conduct an assessment	Not known
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MP**

SP # 1

**PERFORMANCE MEASURE:**

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

**STATUS:**

Active

**GOAL**

To decrease the number of unplanned pregnancies.

**DEFINITION**

**Numerator:**

Number of unplanned live births for women aged 15-44 years for that calendar year.

**Denominator:**

Number of live births plus number of unplanned pregnancies for women aged 15-44 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to objective 9-3

Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

**DATA SOURCES AND DATA ISSUES**

Prenatal care forms and logbook from Labor and Delivery.

**SIGNIFICANCE**

Reducing unplanned pregnancies is possible and necessary. Unplanned pregnancy in the CNMI and the nation is serious, costly, and occurs frequently. Socially, the costs can be measured in unplanned births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased. An unplanned pregnancy, once it occurs, is expensive no matter what the outcome. Medically, unplanned pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unplanned pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unplanned pregnancy can carry serious consequences at all ages and life stages.

SP # 2

**PERFORMANCE MEASURE:**

Percent of women who have ever received a pap smear.

**STATUS:**

Active

**GOAL**

To increase the proportion of women aged 18 years and older who have ever received a pap smear.

**DEFINITION**

**Numerator:**

Number of women 18 years and older who received pap smear.

**Denominator:**

Number of women aged 18 years and older in the CNMI.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 3-11a.

Women aged 18 years and older who have every received a Pap test (Baseline – 92 percent in 1998)

**DATA SOURCES AND DATA ISSUES**

BCSP Database and RPMS. Population records are available from the Census.

**SIGNIFICANCE**

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years.

SP # 3

**PERFORMANCE MEASURE:**

Percent of women who have ever received a mammogram.

**STATUS:**

Active

**GOAL**

To increase the proportion of women aged 40 years and older who have ever received a mammogram.

**DEFINITION**

**Numerator:**

Number of women aged 40 years and older who received a mammogram.

**Denominator:**

Number of women aged 40 years and older in the CNMI.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 3-13.

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.  
(Baseline – 67 percent in 1998)

**DATA SOURCES AND DATA ISSUES**

BCSP Database and RPMS. Population records are available from the Census.

**SIGNIFICANCE**

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer.

SP # 4

**PERFORMANCE MEASURE:**

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

**STATUS:**

Active

**GOAL**

To increase the percentage of eligible infants with disabilities under the age of 1 year receiving early intervention services.

**DEFINITION**

**Numerator:**

Number of infants with disability under age of 1 year who received early intervention services.

**Denominator:**

Number of infants under age of 1 year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 16-20c.

Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.

**DATA SOURCES AND DATA ISSUES**

C\*DAC records. Live births co-hort.

**SIGNIFICANCE**

The success of early intervention is very critical when it is started as soon as a child with special health needs is identified. The staff will work hard to increase the percentage of eligible infants with disabilities under the age of 1 receiving early intervention services.

SP # 5

**PERFORMANCE MEASURE:**

The rate of chlamydia for adolescents aged 13-19 years.

**STATUS:**

Active

**GOAL**

To decrease the rate of Chlamydia for adolescents aged 13-19 years.

**DEFINITION**

Describe how the value of the measure is determined from the data

**Numerator:**

Number of chlamydia cases among adolescents aged 13-19 years.

**Denominator:**

Total number of adolescents aged 13-19 years.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

25.1 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

**DATA SOURCES AND DATA ISSUES**

Southern and Community Wellness Centers, Women's Clinic, Lab Unit, and STD/HIV Prevention Program.

**SIGNIFICANCE**

Per the YRBS results, CNMI high school adolescents exceeded US rates by almost ten percent in the use of mind-altering substances combined with sexual intercourse, a behavior most closely associated with unsafe, unprotected sexual activity. CNMI adolescents who are sexually active are less likely to use condoms during sexual intercourse. CNMI adolescents were more likely to be sexually active than their US counterparts. Chlamydia is the highest STI for adolescents in the CNMI.

SP # 6

**PERFORMANCE MEASURE:**

The degree to which State provides nutrition education information to children aged 6 through 11 years.

**STATUS:**

Active

**GOAL**

To provide nutrition information that children can use in practical situation.

**DEFINITION**

Percent of students in the State who receive nutrition education/information.

**Numerator:**

The total number of students for each school (both private and public) that receive nutrition education information.

**Denominator:**

The number of CNMI public and private school enrollment from first through sixth grade.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-16 Increase the proportion of worksites that offer nutrition or weight management classes or coun

**DATA SOURCES AND DATA ISSUES**

Nutrition/Public Health Dietician monthly report, public and private elementary schools, DPH programs activities.

**SIGNIFICANCE**

Obesity, diabetes, hypertension, and atherosclerotic vascular disease are among the major health concerns facing the CNMI population. Habits related to diet and levels of physical activity combined are the greatest contributors in the CNMI. The formation of the School Nutrition and Physical Activity Program (SNAPP) was formed to ensure that nutrition education, food service, parent involvement, and physical education are addressed in the schools.

SP # 7

**PERFORMANCE MEASURE:**

The percent of pregnant women that are screened for chlamydia.

**STATUS:**

Active

**GOAL**

To increase the percent of pregnant women who are screened for Chlamydia.

**DEFINITION**

The percent of positive chlamydia cases in pregnant women.

**Numerator:**

The number of chlamydia cases in pregnant women

**Denominator:**

Total number of pregnant women

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC Program, prenatal log book, and MUMPS information system.

**SIGNIFICANCE**

95% of chlamydia cases are pregnant women. The significance of reducing the number of chlamydia in pregnant women is in the enhancement of a healthier pregnancy outcomes and early identification and treatment.

SO # 1

**OUTCOME MEASURE:**

The fetal death rate per 1,000 live births.

**STATUS:**

Active

**GOAL**

To reduce number of fetal deaths (stillbirths).

**DEFINITION**

Numerator: Number of deaths to infants: Denominator: Number of live births. Units: 1,000 Text: Rate per 1,000.

**Numerator:**

Number of fetal deaths (greater than 20 weeks gestation)

**Denominator:**

Total number of live births

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1 Reduce fetal and infant deaths

16-1a. Fetal deaths at 20 or more weeks of gestation.

16-1b. Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days or more after birth).

**DATA SOURCES AND DATA ISSUES**

Vital Statistics Office (fetal death certificates and database)

**SIGNIFICANCE**

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MP**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	164.6	91.0	184.7	186.9	77.8
Numerator	91	51	106	110	47
Denominator	5,530	5,606	5,738	5,886	6,045

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

47 children aged 0-4 hospitalized for asthma

**2. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

110 less than 5 yrs hospitalized for asthma.

**3. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Updated denominator from US census bureau. 106 children 0-4yrs hospitalized in 2005 for asthma.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>40.8</u>	<u>36.1</u>	<u>24.4</u>	<u>37.0</u>	<u>43.3</u>
<b>Numerator</b>	<u>553</u>	<u>489</u>	<u>325</u>	<u>526</u>	<u>438</u>
<b>Denominator</b>	<u>1,354</u>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,012</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1012 medicaid enrollees less than 1 year old in 2007; 438 under medicaid had initial screen. Need to finalize figure.

2. **Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

526 medicaid enrollees aged less than 1 year received at least one initial periodica screen in 2006. Data derived from RPMS. Denominator revised from 1422 to 1129, medicaid enrollees in 2006

3. **Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Medicaid and SCHIP merged.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>40.8</u>	<u>36.1</u>	<u>24.4</u>	<u>46.6</u>	<u>43.3</u>
<b>Numerator</b>	<u>553</u>	<u>489</u>	<u>325</u>	<u>526</u>	<u>438</u>
<b>Denominator</b>	<u>1,354</u>	<u>1,353</u>	<u>1,332</u>	<u>1,129</u>	<u>1,012</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

SCHIP same as medicaid.

**2. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

SCHIP same as Medicaid.

**3. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

SCHIP same as medicaid.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	10.3	18.2	24.2	32.8	
Numerator	139	172	323	466	
Denominator	1,354	943	1,332	1,422	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

- Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

- Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

499 women were in the kotelchuck index and 156 were at 80 and above percentile kotelchuck index. 446 is the representation of the 1422 pregnant women

- Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

1332 number of live births; 323 at 80 and above percentile.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
<b>Annual Indicator</b>	<u>25.8</u>	<u>31.9</u>	<u>26.1</u>	<u>29.3</u>	<u>24.0</u>
<b>Numerator</b>	<u>5,240</u>	<u>6,673</u>	<u>6,313</u>	<u>7,261</u>	<u>6,113</u>
<b>Denominator</b>	<u>20,326</u>	<u>20,934</u>	<u>24,150</u>	<u>24,808</u>	<u>25,466</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- 1.
- Section Number:**
- Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

6,113 children 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS.

- 2.
- Section Number:**
- Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Medicaid enrollees 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS. Denominator revised to reflect children 1-21 year old in state.

- 3.
- Section Number:**
- Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2005**Field Note:**

children under medicaid 1-18 years of age. Denominator revised to reflect children 1-21 year old in state

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
<b>Annual Indicator</b>	17.6	17.3	23.9	18.9	20.5
<b>Numerator</b>	869	889	1,267	1,035	1,165
<b>Denominator</b>	4,942	5,124	5,307	5,489	5,671

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1,165 children 6-9 years received dental services in 2007. Data derived from RPMS. Need to verify figure.

**2. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

1,035 EPST aged 6-9 yrs received dental services in 2006.

**3. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

1,267 EPST age 6-9 yrs received dental services in 2005.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>51.6</u>	<u>45.4</u>	<u>45.4</u>	<u>89.7</u>	<u>94.0</u>
<b>Numerator</b>	<u>158</u>	<u>147</u>	<u>147</u>	<u>209</u>	<u>221</u>
<b>Denominator</b>	<u>306</u>	<u>324</u>	<u>324</u>	<u>233</u>	<u>235</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Children 16 and less receiving SSI

**2. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

209 < 16yrs received SSI payments in 2006. 233 beneficiaries in 2006.

**3. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Pending SSI Department report.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MP**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>28.6</u>	<u>69.4</u>	<u>3.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>0</u>	<u>0</u>	<u>1.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>24.3</u>	<u>75.7</u>	<u>29.1</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>20</u>	<u>54</u>	<u>1</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MP**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)</b>
a) <i>Infants (0 to 1)</i>	2007	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u> ) (Age range <u>5</u> to <u>10</u> ) (Age range <u>11</u> to <u>18</u> )	2007	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2007	<u>150</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: MP**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2007	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u> ) (Age range <u>5</u> to <u>10</u> ) (Age range <u>11</u> to <u>18</u> )	2007	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2007	<u>150</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Eligibility poverty level at 150% across the board
2. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Eligibility poverty level across the board
3. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Eligibility for pregnant women poverty level at 150%
4. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
same as medicaid poverty level
5. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
same as medicaid poverty level
6. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
same as medicaid poverty level
7. **Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
49 (3.5%) low birth weight; 18% (9) insurance not reported in low birth weight; 14 under medicaid; 34 non-medicaid.
8. **Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
6 infant death in 2007; medicaid data will be provided later.
9. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
386 (27.9%) PNC visit were not reported; 98 under medicaid in 1st trimester; 303 non-medicaid in 1st trimester; 403 total visit in 1st trimester.
10. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
In reviewing previous years for Kotelchuck data, although we stated that we need to improve availability of Medicaid and find out payment source for those that do not qualify for the program, we did not look at health insurance. We are currently reviewing our files and will have a update on this number. This is because we have to figure out what is self-pay - uninsured or co-payment for insurance.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: CNMI Youth Tobacco Survey	3	Yes

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** BAD  
**Row Name:** Annual linkage of infant birth and infant death certificates  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
This linkage has been in place. The Health and Vital Statistics Office processes infant and birth certificates
2. **Section Number:** Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The WIC Program was implemented in July of 2007. There has been discussions with the Program to look at the feasibility of linkage.
3. **Section Number:** Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth certificates and newborn screening files  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The barrier with the Lab Unit is that the data system is not working for their purpose. However, Lab Unit has purchased an upgrade for Laboratory software and hardware. This is scheduled to be operational by the end of August 2008. We will look into working on this linkage then.
4. **Section Number:** Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Please note that the Hospital Division and the Division of Public Health are in the same Department and the same facility. We get information as we request.
5. **Section Number:** Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
We have started discussions with the developer of the EHD tracking and surveillance system to assess the feasibility of developing a birth defects surveillance system. He will be coming to Saipan in September.
6. **Section Number:** Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The MCH Program is currently conducting the first PRAMS-like survey. The plan is to continue conducting this survey every 3 years. We will report on survey results on next year's grant application.
7. **Section Number:** Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
DPH assists the Public School System in conducting YRBS.
8. **Section Number:** Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
We do not have the capacity at the present time to do this linkage. We have an MOU with Medicaid Program to provide MCH Program information on a timely manner.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MP**

**Form Level Notes for Form 11**

Denominator is taken from 2000 Census data. The top three nonfatal injuries are accidental falls, stings, and cuts.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>6.9</u>	<u>6.8</u>	<u>7.4</u>	<u>8.0</u>	<u>5.8</u>
<b>Numerator</b>	<u>93</u>	<u>92</u>	<u>99</u>	<u>114</u>	<u>80</u>
<b>Denominator</b>	<u>1,354</u>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

49 (3.53%) had low birth weight in 2007.

2. **Section Number:** Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

114 live births less than 2500 grams in 2006.

3. **Section Number:** Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

99 live births weigh less than 2,500 grams.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>5.5</u>	<u>6.2</u>	<u>6.5</u>	<u>7.0</u>	<u>5.3</u>
<b>Numerator</b>	<u>75</u>	<u>84</u>	<u>87</u>	<u>100</u>	<u>73</u>
<b>Denominator</b>	<u>1,354</u>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

73 singleton births less than 2,500 grams in 2007

**2. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 100 singleton live births less than 2500 grams in 2006.

**3. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

87 singleton live births weigh less than 2,500 grams.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	0.7	0.7	1.0	1.1	0.1	
Numerator	9	10	13	15	2	
Denominator	1,354	1,353	1,332	1,422	1,385	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

**Field Level Notes**

- Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 7 Very low birth weight in 2007
- Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 15 live births less than 1500 grams in 2006.
- Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 13 live births less than 1,500 grams.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>				
		<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>		<u>0.5</u>	<u>0.7</u>	<u>0.8</u>	<u>0.9</u>	<u>0.1</u>
<b>Numerator</b>		<u>7</u>	<u>9</u>	<u>11</u>	<u>13</u>	<u>2</u>
<b>Denominator</b>		<u>1,354</u>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
<b>Is the Data Provisional or Final?</b>					Final	Final

**Field Level Notes****1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

7 singleton very low birth weight

**2. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

13 singleton live births less than 1500 grams in 2006.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	12.6	6.3	18.8	0.0	0.0	
Numerator	2	1	3	0	0	
Denominator	15,854	15,911	15,978	15,973	15,966	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?						
				Final	Final	

**Field Level Notes****1. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Zero death unintentional injuries in 2007.

**2. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2006**Field Note:**

3 yr average fewer than 5 events therefore, 3 yr moving average cannot be applied.

**3. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Updated denominator from US census bureau.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
Annual Indicator	6.3	0.0	12.5	0.0	0.0
Numerator	1	0	2	0	0
Denominator	15,854	15,911	15,978	15,973	15,966

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

No MVA fatality for 14yrs and younger in 2007

**2. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

3 yr average fewer than 5 events, therefore 3 yr moving average cannot be applied.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
Annual Indicator	0.0	31.1	7.6	7.4	14.2
Numerator	0	4	1	1	2
Denominator	12,589	12,859	13,123	13,558	14,111

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There were only 2 MVA mortality aged 15-25 years in 2007.

**2. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average fewer than 5 events therefore a 3 yr moving average cannot be applied.

**3. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Revised denominator from US census bureau 2003-2005

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2003	2004	<b>Annual Indicator Data</b>		2007
			2005	2006	
<b>Annual Indicator</b>	<u>7,329.4</u>	<u>8,396.7</u>	<u>7,597.9</u>	<u>6,949.2</u>	<u>2,968.8</u>
<b>Numerator</b>	<u>1,162</u>	<u>1,336</u>	<u>1,214</u>	<u>1,110</u>	<u>474</u>
<b>Denominator</b>	<u>15,854</u>	<u>15,911</u>	<u>15,978</u>	<u>15,973</u>	<u>15,966</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Number of children age 14 years and younger unintentional injuries was 681 in 2007

**2. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 1,110 non-fatal injuries aged 14 yrs and younger in 2006.

**3. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Revised denominator from 2003-2005.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>44.2</u>	<u>264.0</u>	<u>206.5</u>	<u>206.6</u>	<u>2,987.6</u>
<b>Numerator</b>	<u>7</u>	<u>42</u>	<u>33</u>	<u>33</u>	<u>477</u>
<b>Denominator</b>	<u>15,854</u>	<u>15,911</u>	<u>15,978</u>	<u>15,973</u>	<u>15,966</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There were 477 (increase) of children 14 years and younger in non-fatal MVA.

**2. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 33 non-fatal motor vehicle injuries in 2006 for children age 14 yrs and less.

**3. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Revised denominator from US census bureau, 2003-2005

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
<b>Annual Indicator</b>	969.1	1,065.4	866.1	479.4	1,920.5
<b>Numerator</b>	122	137	105	65	271
<b>Denominator</b>	12,589	12,859	12,123	13,558	14,111

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

271 non-fatal MVA injuries among 15-24 years old in 2007.

**2. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 65 non-fatal motor vehicle injuries among 15-24 yrs youth in 2006.

**3. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Revised 2005 denominator to 13,123 from 12,123.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		<b>Annual Indicator Data</b>			
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>15.0</u>	<u>15.7</u>	<u>22.9</u>	<u>20.1</u>	<u>11.3</u>
<b>Numerator</b>	<u>41</u>	<u>46</u>	<u>58</u>	<u>52</u>	<u>30</u>
<b>Denominator</b>	<u>2,742</u>	<u>2,926</u>	<u>2,529</u>	<u>2,593</u>	<u>2,658</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes****1. Section Number:** Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2007**Field Note:**

30 15-19 women positive chlamydia

**2. Section Number:** Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 52 women 15-19 yrs reported.

**3. Section Number:** Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Revised denominator 2003-2005

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
Annual Indicator	5.5	4.3	4.4	2.2	2.8
Numerator	150	122	128	66	89
Denominator	27,148	28,186	29,226	30,223	31,695

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

89 women 20-44 yrs positive chlamydia

**2. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 66 women aged 20-44 yrs reported chlamydia.

**3. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator revised 2003-2005.

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**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,300	15	0	0	370	535	0	380
Children 1 through 4	4,500	65	0	0	1,215	1,975	0	1,245
Children 5 through 9	5,420	65	0	0	1,100	2,700	0	1,555
Children 10 through 14	4,370	55	0	0	725	2,460	0	1,130
Children 15 through 19	3,940	25	0	0	1,175	2,020	0	720
Children 20 through 24	7,570	60	0	0	5,265	1,755	0	490
Children 0 through 24	27,100	285	0	0	9,850	11,445	0	5,520

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	920	0	380
Children 1 through 4	3,255	0	1,245
Children 5 through 9	3,865	0	1,555
Children 10 through 14	3,240	0	1,130
Children 15 through 19	3,220	0	720
Children 20 through 24	7,080	0	490
Children 0 through 24	21,580	0	5,520

**FORM 21**  
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**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	33	0	0	0	3	30	0	0
Women 18 through 19	82	1	0	0	11	69	1	0
Women 20 through 34	1,016	15	0	0	617	382	1	1
Women 35 or older	253	3	0	0	202	48	0	0
Women of all ages	1,385	19	0	0	833	530	2	1

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	1	0	0
Women 15 through 17	33	0	0
Women 18 through 19	82	0	0
Women 20 through 34	1,015	1	0
Women 35 or older	253	0	0
Women of all ages	1,384	1	0

**FORM 21**  
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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	6	0	0	0	3	3	0	0
Children 1 through 4	0	0	0	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	1	0	0	0	0	1	0	0
Children 15 through 19	4	0	0	0	2	2	0	0
Children 20 through 24	3	0	0	0	2	1	0	0
Children 0 through 24	14	0	0	0	7	7	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	6	0	0
Children 1 through 4	0	0	0
Children 5 through 9	0	0	0
Children 10 through 14	1	0	0
Children 15 through 19	4	0	0
Children 20 through 24	3	0	0
Children 0 through 24	14	0	0

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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	19,530	225.0	0.0	0.0	4,585.0	9,690.0	0.0	5,030.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in Medicaid	1,303	3.0	0.0	0.0	855.0	445.0	0.0	0.0	2007
Number enrolled in SCHIP	1,303	3.0	0.0	0.0	855.0	445.0	0.0	0.0	2007
Number living in foster home care	9	0.0	0.0	0.0	0.0	4.0	5.0	0.0	2007
Number enrolled in food stamp program	5,901	24.0	0.0	0.0	1,386.0	4,491.0	0.0	0.0	2007
Number enrolled in WIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	1,065.0	444.4	0.0	0.0	196.3	1,671.8	0.0	59.6	2007
Percentage of high school drop-outs (grade 9 through 12)	27.3	55.6	0.0	0.0	24.2	29.9	21.9	0.0	2007

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	14,500.0	0.0	5,030.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2007
Number enrolled in Medicaid	1,303.0	0.0	0.0	2007
Number enrolled in SCHIP	1,303.0	0.0	0.0	2007
Number living in foster home care	9.0	0.0	0.0	2007
Number enrolled in food stamp program	5,901.0	0.0	0.0	2007
Number enrolled in WIC	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	1,065.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	27.3	0.0	0.0	2007

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	13,345
Living in rural areas	4,293
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>17,638</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	69,220.0
Percent Below: 50% of poverty	2.0
100% of poverty	56.0
200% of poverty	70.0

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	17,638.0
Percent Below: 50% of poverty	35.0
100% of poverty	0.0
200% of poverty	0.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
1385 Live births in 2007
2. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
1 hispanic under other
3. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data will be provided by Dept. of Commerce based on the 2000 Census. The data will be available Aug 21, 2007
4. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Not applicable
5. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data derived from medicaid database. Will finalize Aug 21, 2008.
6. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
same as medicaid
7. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The data is based on total average monthly.
8. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data not available by ethnicity. In October 2008, the WIC database system will be able to produce ethnicity data and other pertinent MCH data elements.
9. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Denominator is all children 0-19 yrs based on 2002 Labor Force Survey. Rate per 100,000
10. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Estimated drop-out rate for 2007. Actual data will be available by July 21 pending source.
11. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data pending source special tabulation based on the Census 2000.
12. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families

**Column Name:**  
**Year:** 2009  
**Field Note:**  
Not available in the Northern Marianas

13. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
WIC data system is under construction and will be able to produce ethnic data and other pertinent MCH data elements in October 2008.